

\_\_\_\_\_  
New  
for CSP Year

CMH Program Services

\_\_\_\_\_  
Revision  
for CSP Year

INDIVIDUAL SERVICE PLAN

Companion Services (Consumer-Directed) S5136

Client: \_\_\_\_\_ Medicaid Number: \_\_\_\_\_

Services Facilitator/Agency: \_\_\_\_\_ SF Provider Number: \_\_\_\_\_

Services Facilitator Telephone Number: \_\_\_\_\_ Services Facilitation Start Date: \_\_\_\_\_

Designated Backup: \_\_\_\_\_ Telephone: \_\_\_\_\_

ISP Start Date: \_\_\_\_\_ Quarterly Review Dates: \_\_\_\_\_

SUPPORT GOAL/ DESIRED OUTCOME:

PURPOSE OF SUPPORT	WHEN SUPPORT IS PROVIDED	WHERE AND HOW SUPPORT WILL BE PROVIDED

Client: \_\_\_\_\_ Start Date: \_\_\_\_\_

PURPOSE OF SUPPORT	WHEN SUPPORT IS PROVIDED	WHERE AND HOW SUPPORT WILL BE PROVIDED

NOTE: This service is limited to 8 hours/day, including combinations of Agency-Directed Companion and Consumer-Directed Companion services.